Name in Full: Still born Allen (illegible)

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Silver Hill — County: Prs. Co.

Date of death 1904 — Month: Nov — Day: 20

Age — Years — Months — Days

Sex: Male

Color or Race: White

Birthplace: Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name: John Allen

Father's Birthplace: Md.

Mother's Maiden Name: Jennie Hays S.

Mother's Birthplace: Md.

Name of person giving information: John Allen

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long: 6 months

Immediate: Gestation — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. E. Sansbury M.D.

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A65010

Name in Full: Charles P Baden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brandywine | County: Pr. Geo

Date of death 1904: Month: 11 | Day: 18

Age: Years: 45 | Months: — | Days: —

Sex: Male | Color or Race: White | Birthplace: Md

Married, Single or Widowed: Married | Occupation: Farmer

Name of Wife or Husband: Theresa Baden

Father's Name: Benj. Baden | Father's Birthplace: Md

Mother's Maiden Name: Mary Ann Webster | Mother's Birthplace: Md

Name of person giving information | How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia | How long: 9 days

Immediate: Oedema of lung | How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: John A. Cox

Address: P.B. Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88518

Name in Full: Ottilie Henrietta Bartz.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Forestville (County) Prince George

Date of death 1907 (Month) 11 (Day) 14 — Age (Years) 58 (Months) — (Days) —

Sex: Female — Color or Race: White — Birthplace: Germany

Occupation: Housewife — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Julius Bartz

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Mrs F. Bartz. — How related to deceased: Son.

08

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bowel obstruction — How long: 7 days.

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: John E Sansbury

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A6551G

Name in Full

Certificate of Death

Hallie Blake

Died at Town: Orme County: Pr. Geo. Co MARYLAND

Date	Month	Day	Age Y.	M.	D.	Native of	Occupation
1904	11	21	26	10	—	Maryland	Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name: Hallie Blake

Mother's Name: Burrus Blake

Cause of Death — Primary: Phthisis Pulmonalis — How long sick: 6 months

Immediate: Emaciation — ~~Accident, Suicide, Homicide~~

Reported by: W. R. Latimer M. D.

Address: Orme P.O. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Mary Anna Baden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brandywine; County: P.G.

Date of death 1904: Month: 11; Day: 7

Age: Years: 81; Months: 0; Days: 15

Sex: Female

Color or Race: white

Birthplace: Md

Married, Single or Widowed: widow

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Geo. Webster

Father's Birthplace: Md

Mother's Maiden Name: Stella Worland

Mother's Birthplace: Md

Name of person giving In formetion: C.P. Baden

How related to deceased: son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis

How long: Several years

Immediate: Suffocation

How long: few minutes

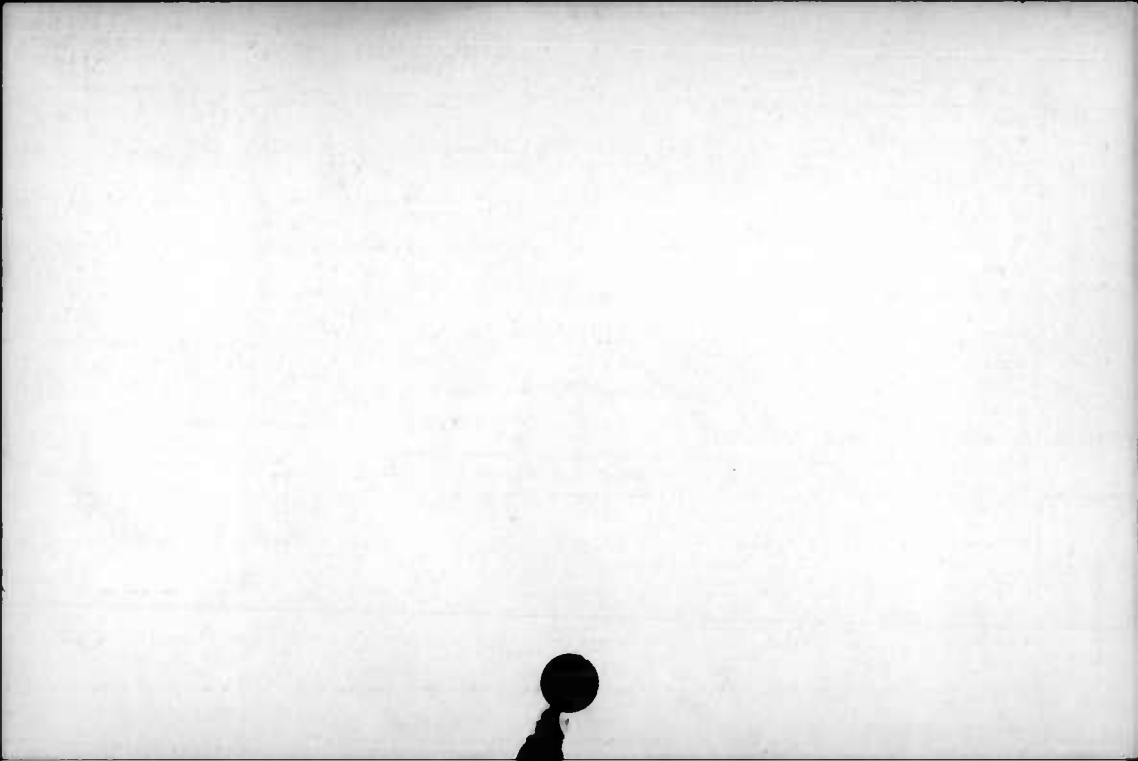
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Cox

Address: Zb. Md

Accident or Suicide?

LIBRARY BUREAU A88316



Name in Full: Thomas Edward Brian -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Croom. County: Prince George.

Date of death 190 4: Month: 11 Day: 27

Age: Years: 2. Months: 6 Days: 0

Sex: Male. Color or Race: Colored. Birthplace: Maryland

Married, Single or Widowed: — Occupation: —

Name of Wife or Husband: —

Father's Name: Alexander Brian. Father's Birthplace: Md.

Mother's Maiden Name: Jane Hamilton. Mother's Birthplace: Md.

Name of person giving Information: his Alexander x Brian. mark. How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Don't Know. How long

Immediate: How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: his Alexander x Brian mark

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A88510

Name in Full: Charlotte Brooks

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died: Town: near Silesia; County: Prince George

Date of death: Month: 1904; Day: 5-

Age: Years: 75; Months: —; Days: —

Sex: Female

Color or Race: Colored

Birthplace: Chas. Co. Md.

Occupation: House keeper

Where Residing if not at place of death:

Married, Single or Widowed: Widow

Name of Wife or Husband: —

Father's Name: Henson Stone

Father's Birthplace: Chas. Co. Md.

Mother's Maiden Name: Harriet Stone

Mother's Birthplace: " " "

Name of person giving information: James Smith

How related to deceased: Nephew.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

How long:

Immediate: old age

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. D. Hunt

Address: Piscataway Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Catherine Butler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Piscataway County: Prince Georges

Date of death 1904: Month: 11 Day: 28 Age: Years: 52 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: Charles Co Md

Married, Single or Widowed: Married Occupation: Housewife

Name of Wife or Husband: Henry Butler

Father's Name: William Booze Father's Birthplace: Not Known

Mother's Maiden Name: Rachel Booze Mother's Birthplace: " "

Name of person giving In formation: Henry Butler How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis How long: 1 Year

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Bailey M D

Address: Nuttsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hyattsville; County: Prince Georges Co; MARYLAND

Date of death: 1904 Month: Nov Day: 7

Age: Years: Months: Days: 1/8

Sex: Boy

Color or Race: Black

Birthplace: Hyattsville

Occupation:

Where Residing if not at place of death: Hyattsville

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: Spencer Chase

Father's Birthplace: D. C.

Mother's Maiden Name: Mary Rogers

Mother's Birthplace: Md

Name of person giving information: Spencer Chase

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: 6m Child

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: V L Perry

Address: Hyattsville

Accident or Suicide?

LIBRARY BUREAU A63516

Name in Full: Francis Carroll Day

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Good Hope; County: P. George

Date of death: Month: Nov; Day: 24; 1904

Age: Years: —; Months: —; Days: 28 —

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation:

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Sydney Day

Father's Birthplace: Md

Mother's Maiden Name: Pearl Berry

Mother's Birthplace: Md

Name of person giving information: Sydney Day

How related to deceased: Father

150

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Deformity

How long:

Immediate: Mal Nutrition

How long: 28 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Saunders

Address: Forestville Md.

Accident or Suicide? —

LIBRARY BUREAU A69516

Name in Full: Thomas J. Duckett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bladensburg; County: Prince George

Date of death: Month: Nov; Day: 12; 1904

Age: Years: 89; Months: 8; Days: 9

Sex: Male

Color or Race: White

Birthplace: Locust Grove P.G. Md

Occupation: Physician & Farmer

Where Residing if not at place of death: at Bladensburg with his son

Married, Single or Widowed: Widowed

Name of Wife or Husband: Marg. P. 1st & Elizth H Howard 2nd wife

Father's Name: Basil Duckett

Father's Birthplace: Locust Grove P.G. Md

Mother's Maiden Name: Sophia Mullikin

Mother's Birthplace: x

Name of person giving Information: Marion Duckett son

How related to deceased: son

TO BE ANSWERED BY NEAREST FRIEND

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age

How long

Immediate: & exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: G G Richardson

Address: Hyattsville Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full Alberta Edelin — Certificate of Death

Died at Town Near Silver Hill County Pr. Geo MARYLAND

Date 1889 Month Oct Day Nov 8 Age Y. 14 M. — D. — Native of Md. Occupation none

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ Divorced Number of children living

Husband Wife of

Father's Name John Edelin Mother's Name Maria Edelin

Cause of Death: Primary ~~Erysipelas~~ Erysipelas How long sick 1 mo.

Immediate Exhaustion 106

~~Accident, Suicide, Homicide~~

Reported by R. A. Pyles M.D.

Address Anacostia D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full: Roxy Bent-Gillingham

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Columbia Park — County: Prince George

Date of death	Month	Day	Years	Months	Days
1904	Nov	26	Age 64	6	25

Sex: Female — Color or Race: White — Birthplace: Va.

Occupation: Housewife — Where Residing if not at place of death: at Home

Married, ~~Single~~ or ~~Widowed~~: Married — Name of ~~Wife~~ or Husband: James H Gillingham

Father's Name: Not Known — Father's Birthplace: Germany

Mother's Maiden Name: " " — Mother's Birthplace: Va.

Name of person giving Information: Samuel H Gillingham — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senile Debility — How long: —

Immediate: Heart-Failure — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? YES.

Signature of Physician: Alexander Sabens

Address: act Coroner Hyattsville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88818

Name in Full: Archie Galdsmith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Westwood (Town) — Pr Ges (County)

Date of death: 1904 (Month) Nov (Day) 19 — Age: 27 (Years) — (Months) — (Days)

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farming — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of Wife or Husband: Lilly

Father's Name: Bernard Galdsmith — Father's Birthplace: Md

Mother's Maiden Name: Drucilla Md — Mother's Birthplace: " "

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 20 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes — Signature of Physician: W F Gibbons

Address: Crown Md

Accident or Suicide?

LIBRARY BUREAU ABSAT8

Name in Full: Thos M. Gray.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mount Calvert — County: Prince Georges

Date of death: 1904 — Month: 11 — Day: 4 — Age: Years 65 — Months — — Days —

Sex: Male — Color or Race: Colored — Birthplace: Chas Co. Md.

Occupation: Fisherman — Where Residing if not at place of death:

Married, Single or Widowed: Widower — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph Gray — Father's Birthplace: Md

Mother's Maiden Name: Catherine Penn. — Mother's Birthplace: do

Name of person giving information: J H Rawlings — How related to deceased: none.

CAUSES OF DEATH

Primary: Brights disease. — How long: 6 weeks.

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: acting Coroner William H. Squires Jr.

Address: Brandywine, Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Thomas Gray

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Nottingham (County) Prince George

Date of death 1904 Month 11 Day 26 Years 28 Months Days

Age

Sex Male

Color or ~~Race~~ Colored

Birthplace Pris. Geo. Co.

Occupation Farmer

Where Residing if not at place of death

Married, Single or Widowed Married

Name of Wife or Husband Lee Gray.

Father's Name Robert Gray

Father's Birthplace Pri. Geo. Co.

Mother's Maiden Name Liza

Mother's Birthplace Pri. Geo. Co.

Name of person giving Information William H. Jenkins

How related to deceased None.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Consumption

How long Several years

Immediate

How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. H. Gibbons

Address Croom Md

Accident or Suicide?

LIBRARY BUREAU A69B18

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Mary Magdalene Hatton

Died at: Town: Oxen Hill; County: Pr. Geo.

Date of death 1904: Month: 11; Day: 24

Age: Years: 4; Months: 6; Days:

Sex: Female; Color or Race: Colored; Birthplace: Md

Married, Single or Widowed: —; Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Henry Hatton; Father's Birthplace: Md

Mother's Maiden Name: Louise Bonic; Mother's Birthplace: Md.

Name of person giving In formation: Henry Hatton 9.; How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Putrid Sore Throat; How long: 6 days

Immediate: Toxaemia; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. E. Simpson M.D.

Address: Rosecroft Md.

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: Richard Hodnett

Town: Prince Georges County

CERTIFICATE OF DEATH

MARYLAND

Died at Collington

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Nov	29	Age 54	—	—

Sex: Male

Color or Race: White

Birthplace: near Collington

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: John J. Hodnett

Father's Birthplace: Maryland

Mother's Maiden Name: Julia Basford

Mother's Birthplace: P.G.Co. Md.

Name of person giving Information: Bro Henry

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia 93

How long: a day

Immediate: Asthenia

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Oswald M.D.

Address: Springfield Md.

Accident or Suicide?

LIBRARY BUREAU A66618

Name in Full

Certificate of Death

Caroline Jones

Died at Town Marlboro County P. Geo MARYLAND

Date 1874 Month 11 Day 3 | Age Y. 4 M. D. | Native of md | Occupation —

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number~~ of children living

Husband of
Wife

Father's Name Robert Jones

Mother's Name Verina Cader

Cause of Death — Primary: died before I got here it — How long sick

Immediate: Grand Mother says, she'd died with convulsions — Accident, Suicide, Homicide

Reported by Randy Davis

Address Q W for Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: George S Kendall

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chesapeake Junction P.O. County:

Date of death: Month: Nov Day: 20 1904 Years: Age 60 Months: Days:

Sex: Male Color or Race: White Birthplace: Va

Occupation: Laborer Where Residing if not at place of death: Md.

Married, Single or Widowed: married Name of Wife or Husband: Martha Kendall

Father's Name: George Kendalls Father's Birthplace: Va

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Martha S Kendall How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Natural Causes How long:

Immediate: Heart Trouble How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Saulsbury

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Elmore Ruth Lancaster

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Hyattsville — County: Prince George

Date of death: 1904 — Month: Novem. — Day: 22 — Age: Years — Months: three — Days:

Sex: female — Color or Race: Colored — Birthplace: Wash. D.C.

Occupation:

Where Residing if not at place of death:

Married, Single or ~~Widowed~~

Name of Wife or Husband:

Father's Name: Walter Lancaster — Father's Birthplace: Bladensburg Md.

Mother's Maiden Name: Getrude — Mother's Birthplace: Warington Va

Name of person giving information: Walter Lancaster — How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Natural causes — How long: three months

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Augustus H. Dahler J.P.

Address: Bladensburg Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Joseph Luke Lancaster

CERTIFICATE OF DEATH

MARYLAND

Died Town: near Piscataway County: Prince George

Date of death 1904 Month: 11 Day: 28

Age Years: 17 Months: 11 Days: —

Sex: Male

Color or Race: Colored

Birthplace: Md.

Married, Single or Widowed: Single

Occupation:

Name of Wife or Husband:

Father's Name: John Ignatius Lancaster

Father's Birthplace: Md

Mother's Maiden Name: Eliza J. Cuttler

Mother's Birthplace: Md

Name of person giving In formation: Gerard T. Lancaster

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long:

Immediate: Pneumonia

How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. D. Luth

Address: Piscataway, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full: Stephen Matthews

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Upper Marlboro — County: Prince Geo

Date of death 1904: Month: Nov. — Day: 7th

Age: Year: about 70 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Unknown

Occupation:

Married, Single or Widowed: Widower

Name of Wife or Husband: Not Known

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: " "

Father's Birthplace: Unknown

Mother's Maiden Name: " "

Mother's Birthplace: "

Name of person giving information: 154

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age General debility — How long

Immediate: " " " " — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Alfred Ridgely, J.P. Coroner, Upper Marlboro, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Olen Maugan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rosaryville; County: Pr. Geo

Date of death: 1904 Month: Nov Day: 13 –

Age: Years: – Months: – Days: –

Sex: Male

Color or Race: white

Birthplace:

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Imformation: Wm Maugan 27

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis

How long: Don't know

Immediate: Exhaustion – Nervous trouble

How long: until Nov 12"

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D A Griffith

Address: upper Marlboro Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Howard H. Morrison

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Pr Geo.

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month: Nov.	Day: 20	Age: Years: 46	Months: 8	Days: —
Sex: Male	Color or Race: White		Birthplace: Maryland		
Occupation: Printer	Where Residing if not at place of death: Laurel				
Married, Single or Widowed: Married	Name of Wife or Husband: Fannie Downey				
Father's Name: John H. Morrison			Father's Birthplace: U.S.		
Mother's Maiden Name: Martha Warfield			Mother's Birthplace: U.S.		
Name of person giving information: Fannie Morrison			How related to deceased: Wife		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholism		How long: Bot tracks of
Immediate: Heart Failure		How long: Unknown
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician: J R Smith	
	Address: Laurel Md	
Accident or Suicide?		

LIBRARY BUREAU A88516

Name in Full: David Platta Benj. Platta

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ardwick County: Prince Georges

Date of death 1904 Month: Nov Day: 20-7:50 pm

Age: Years: 43 Months: Days:

Sex: Man Color or Race: Colored Birth-place: Virginia

Occupation: Laborer at Commission Mrchant Where Residing if not place of death

Married, Single or Widowed: Married Name of Wife or Husband: Fanny Platta

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mildred Smith Mother's Birthplace: Virginia

Name of person giving Information: John Gardner How related to deceased: Bro. in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pulmonary Tuberculosis How long: I don't know

Immediate: Weakness How long:

Are the name, age, sex, color, date and place correctly given above? Probably

Signature of Physician: D. J. Parrott

Address: Hyattsville Md

Accident or Suicide:

LIBRARY BUREAU ASS 13

Name in Full: Olivia Proctor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cedarville — County: Pr. Geo.

Date of death 1904: Month: 11 — Day: 17

Age: X Years — X Months — X Days

Sex: Female — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Married — Occupation:

Name of Wife or Husband: Delbert Proctor

Father's Name: Henry Proctor — Father's Birthplace: Md

Mother's Maiden Name: Mary Savoy — Mother's Birthplace: Md

Name of person giving information: Ernest Proctor — How related to deceased: Cousin

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 4 or 5 years

Immediate: Asthenia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John A. Cox M.D.

Address: Zb. Md

Accident or Suicide?

LIBRARY BUREAU ADB516

Name in Full Mary Randall

Certificate of Death

Town Annapolis County

Died at MARYLAND

Date 1904 Month Nov. Day 21 | Age Y. 43 M. D. | Color White | Sex Female | Occupation of Md. Housewife

Married X Widow Divorced

Colored Single Widower Number of children living one

Husband Chas Randall

Wife

Father's Name Jonas Scott

Mother's Name Virginia Scott

Cause of Death: Primary Val. dis. of Heart

How long sick one year

Immediate Exhaustion

Accident, Suicide, Homicide

Reported by Richardson M.D.

Address Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70998

Name in Full Kinrod Robinson

Certificate of Death

Died at Town Halethorpe County Prince Georges MARYLAND

Date 1904 Month 11 Day 4 | Age Y. 6 M. D. | Native of Maryland | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced ~~Number of children living~~

Husband of — — —
Wife

Father's Name [redacted] | Mother's Name Ella Robinson

Cause of Death: Primary — Fractured Skull Arm & Leg — | How long sick 4 weeks

Immediate — | Accident, ~~Suicide, Homicide~~

160

Reported by M. R. Latimer M.D.

Address [redacted] Orrtanna, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Landover (County) Prince Georges

Date of death 1904 (Month) Nov (Day) 4

Age (Years) 63 (Months) 8 (Days) 7

Sex Male Lady Co Ferm

Color or Race White

Birthplace Maryland

Occupation —

Where Residing if not at place of death

Married, [redacted] or Widowed

Name of Wife or Husband M M Sturriff

Father's Name Dyonisius J Sturriff

Father's Birthplace Md

Mother's Maiden Name Mary A M Phillips

Mother's Birthplace Md

Name of person giving In formation J C Sturriff

How related to deceased Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Bronchitis

How long 8 Days

Immediate Bronchorrhoea

How long 3 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W L Parrott

Address Hyattsville

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Emma E. Simpson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Brentwood — County: P. G.

Date of death 1904: Month: Nov — Day: 9

Age: Years: 70 — Months: 9 — Days: 25

Sex: Female — Color or Race: white — Birthplace: N. C.

Married, Single or Widowed: Widow — Occupation: none

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John S Bennett — Father's Birthplace: S. C.

Mother's Maiden Name: Martha Hibbins — Mother's Birthplace: S. C.

Name of person giving In formation: Martha B. Jones — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: One week

Immediate: Inanition — How long: 14 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John S. Dorsey

Address: 20 st + R. I. Ave N. E. Washington D. C.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Albert B Sansbury

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Forestville; County: P. G. [illegible]orge

Date of death 190 4: Month: 11; Day: 23; Age: Years: 49; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md.

Occupation: Merchant; Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married; Name of Wife or ~~Husband~~: Alice May Sansbury

Father's Name: John T Sansbury; Father's Birthplace: Md.

Mother's Maiden Name: Sarah E Brown; Mother's Birthplace: Md.

Name of person giving information: Shepherd A Sansbury; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever; How long: 4 weeks

Immediate: Pneumonia; How long: 2 " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Waring

Address: Clinton Md.

~~Accident or Suicide~~

copy

LIBRARY BUREAU A88616

Name in Full: Ernest Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Winkirk — County: Cec.

TO BE ANSWERED BY NEAREST FRIEND

Date of death: Month: Nov. — Day: 13 — Years: — Months: 3 — Days:

Age

Sex: Male — Color or Race: Colored — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed: Single — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

151

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital debilisy — How long: All life

Immediate — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: C. Bronne Brooks

Address: Washington D.C.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Halls | County: Prince George

Date of death: Month: Nov. | Day: 26 | 1904

Age: Years: 29 | Months: 4 | Days: 7

Sex: Male | Color or Race: Colored | Birthplace: Maryland

Occupation: Laborer | Where Residing If not at place of death:

Married, Single or Widowed: Married | Name of Wife or Husband: Rachael Williams

Father's Name: William Taylor | Father's Birthplace: Maryland

Mother's Maiden Name: Harriet Wallace | Mother's Birthplace: Maryland

Name of person giving In formation: Rachael Taylor | How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever | How long: 4 weeks.

Immediate: Intestinal perforation | How long: 20 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. A. R. Walker

Address: Halls, Md.

Accident or Suicide? —

LIBRARY BUREAU A66616

Name In Full

Samuel Tibbs.

Certificate of Death

Died at Town: Upper Marlboro' County: Prince George's MARYLAND

Data 19 04 | Month: 11 | Day: 10 | Age: Y. 17 M. - D. - | Native of: New York. | Occupation: ——

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husband of ——
Wife

Father's Name: Richard Tibbs | Mother's Maiden Name: Mary Mickens.

Cause of Death: Primary: Phthisis Pulmonalis. | How long sick: Two Years.

Immediate: ——

~~Accident, Suicide, Homicide~~

Reported by: Marcus D. Hunter M.D. Physician.

Address: Upper Marlboro, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full: Head Infant. Parents unknown. Inquest unnecessary

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Found at or near Bunkwood

County: Prince Georges County

Date of death 1904 Month: Nov Day: —

Age: Years: just born Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: unknown

Occupation: —

Where Residing if not at place of death: found dead.

Married, Single or Widowed: X

Name of Wife or Husband: X

Father's Name: X

Father's Birthplace: X

Mother's Maiden Name: X

Mother's Birthplace: X

Name of person giving Information: Wm Metzel

How related to deceased: —

176

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fractured Scull & neglect

How long: just born

Immediate: —

How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John F. Hickey. Coroner in Case

Address: Hyattsville. P.G. Co Md

Accident or Suicide? Infanticide.

LIBRARY BUREAU A66616

Name in Full: Sallie Hawkins Walls

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bowie — County: Prince Georges

Date of death 1904 — Month: Nov — Day: 9 — Age: Years: 56 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Anne Arundel Co

Occupation: Home Keeper — Where Residing if not at place of death: Bowie

Married, Single or Widowed: Widow — Name of Wife or Husband: Phillip Watts

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: John W Hawkins — Father's Birthplace: Anne Arundel Co Md

Mother's Maiden Name: Ann Phelps — Mother's Birthplace: Maryland

Name of person giving In formation: R P Watts — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gastric Ulcer — How long: One month

Immediate — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Nelson A Ryan M D

Address: Bowie Md

Accident or Suicide? No

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Arthur Williams

Died at Landover (Town) Prince Georges (County) MARYLAND

Date 19 ~~0~~ Month Nov Day 14 | Age Y. 21 M. 1 D. – | Native of Md | Occupation Labor

~~Male~~ ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | Divorced | Number of children living

Husband of —
Wife

Father's Name Washington Williams | Mother's Maiden Name Catherine Holland

Cause of Death — Primary — How long sick 6 months

Immediate Phthisis Pulmonalis

Accident, Suicide, Homicide

Reported by Private Physician

Address Woodmont Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70809